



ENGINEERING DEPARTMENT
DIVISION OF BUILDING
AND ZONING ENFORCEMENT
CITY HALL,
61 CHURCH STREET
AMSTERDAM, N.Y. 12010

Office

Secretary (518) 841-4319

Facsimile (518) 841-4310

DATE _____

PERMIT # _____

HEATING AND AIR CONDITIONING PERMIT

ALL PERTINENT INFORMATION MUST BE FILLED IN AND/OR ATTACHED, OR APPLICATION WILL BE RETURNED

Please print clearly

ADDRESS OF PROPOSED WORK _____
Street Number, Street Address, Section/Block/Lot #

NAME OF OWNER(S) _____

LEGAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

CONTRACTOR _____ DBA _____

LEGAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL PHONE _____

FOR WORK IN PRE-1978 HOME, SCHOOL, OR DAY CARE, PLEASE ATTACH A COPY OF YOUR EPA LEAD-SAFE CERTIFICATE

IS WORK PROPOSED IN RESPONSE TO A NOTICE OF VIOLATION? _____ YES _____ NO

IS WORK PROPOSED IN RESPONSE TO A STOP WORK ORDER? _____ YES _____ NO

PERMIT IS FOR: _____ HOT AIR FURNACE _____ HOT WATER BOILER _____ STEAM BOILER
_____ VENTED ROOM HEATER _____ UNVENTED ROOM HEATER _____ GAS & GAS STOVE
_____ WOOD STOVE _____ PELLET STOVE _____ MASONRY FIREPLACE
_____ AIR CONDITIONING _____ PTAC UNIT _____ HOT WATER TANK
_____ ELECTRIC BASEBOARDS _____ FIREPLACE INSERT
_____ LINING EXISTING MASONRY CHIMNEY
_____ OTHER(Please Explain) _____

IF INSTALLATION IS FOR A PRIMARY HEAT SOURCE ATTACH A COPY OF YOUR HEAT/LOAD CALCULATIONS
B.T.U.'S OF NEW APPLIANCE: _____

TYPE OF FUEL: _____ NATURAL GAS _____ LP GAS _____ OIL _____ ELECTRIC _____ SOLID

WILL NEW APPLIANCE BE REPLACING THE EXACT SAME APPLIANCE IN THE SAME LOCATION _____ YES _____ NO

WILL DUCTWORK ALSO BE INSTALLED _____ YES _____ NO

WILL HEAT DISTRIBUTION PIPING ALSO BE INSTALLED _____ YES _____ NO

BUILDING OCCUPANCY: _____ 1 OR 2 FAMILY _____ MULTIPLE DWELLING _____ COMMERCIAL

APPLIANCE TO BE LOCATED IN: _____ CELLAR _____ ATTIC _____ CRAWL SPACE _____ ON ROOF

_____ FIRST FLOOR _____ SECOND FLOOR _____ THIRD FLOOR

_____ IN DWELLING UNIT _____ FRONT _____ REAR _____ LEFT _____ RIGHT _____ IN _____ ROOM

_____ OTHER(Please Explain) _____

NEW APPLIANCE TO BE VENTED VIA: _____ EXISTING MASONRY CHIMNEY _____ LINED _____ UNLINED

ARE OTHER EXISTING APPLIANCES ALSO VENTED INTO THE CHIMNEY _____ YES _____ NO
_____ METAL CHIMNEY _____ FACTORY-BUILT CHIMNEY
_____ POWER VENT _____ DIRECT VENT _____ PVC

CONTRACTORS PLEASE ATTACH THE FOLLOWING FORMS TO COMPLY WITH
PROVISIONS FOR WORKERS COMPENSATION AND DISABILITY INSURANCE
(Please note that ACORD forms are NOT acceptable proof of NYS Worker's Comp. or Disability benefits coverage)

- *Workmen's Compensation documentation per Section 57 of the Workers' Compensation Law.
(Form C-105.2 for insured, SI-12 for self-insured, or CE-200 with no employees)*
- *Disability Benefits documentation per Section 220(8) of the Workers' Compensation Law.
(Form DB-120.1 for insured, DB-155 for self insured, or CE-200 with no employees)*

The undersigned states that all of the information provided with this application is true, agrees to make the installation in compliance with the N.Y.S. Uniform Fire Prevention and Building Code, Energy Code, and local Code as required by Amsterdam Code 90-20(A,B,C) and 60A which requires me to call at least 48 hours in advance to schedule all required rough and final inspections.

PRINT NAME _____ SIGNATURE _____ DATE _____

OFFICE USE ONLY

INSTALLATION WILL REQUIRE THE EXISTING MASONRY CHIMNEY TO BE LINED _____ YES _____ NO

BUILD. PERMIT CONTACTOR _____ PERMIT # _____ COMPLETED _____

PLUMB. CONTRACTOR _____ PERMIT # _____ COMPLETED _____

ELEC. CONTRACTOR _____ PERMIT # _____ COMPLETED _____

NUMBER OF UNITS TO BE INSTALLED _____ PERMIT FEE \$ _____

STOP WORK ORDER FEE \$ _____

TOTAL \$ _____

ISSUED BY INSPECTOR _____ DATE _____

INSTALLATION APPROVED BY _____ DATE _____